

To: All Acute Provider Chief Executives

Copied to:
Acute Provider Medical Directors
NHS England South Medical Directors
Associate Directors for South Clinical
Networks (to forward to Specialist Network
Managers)

NHS England (South)
Premier House
Caversham Road
Reading
RG1 7EB

By Email

24 February 2017

Dear Provider of urgent network specialist services

Supporting delivery of 7-day urgent network specialist services by November 2017

Implementation of the Urgent and Emergency Care Review is one of the objectives for the NHS as outlined in the *Five Year Forward View*. A key element of this is to ensure that all patients requiring services for acute stroke, STEMI heart attacks, major trauma, emergency vascular and paediatric intensive care receive high quality care throughout the week.

The NHS Operational Planning and Contracting Guidance for 2017-19¹ published in September 2016 clearly outlines our ambition that by November 2017, these five urgent network specialist services meet the four priority standards for seven-day hospital services as per annex A.

A programme of work is underway in each Region to support delivery of this ambition. In the South this work involves regional teams from NHS England and NHS Improvement working alongside commissioners and providers, reporting through the Regional Urgent and Emergency Care Programme Board.

With the exception of acute stroke all of these urgent network specialist services are commissioned by NHS England. The service specifications which form the basis of the commissioning arrangements for these services all state that these services should operate on a 24/7 basis.

A high level review of clinical audit data and the recent 7 day hospital self-assessment survey shows that most patients treated in these services already receive care which meets the service specifications. However, we are undertaking a more detailed assessment of compliance against the standards during February 2017 to help direct further action. As part of this exercise, providers are being asked

¹ <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

to undertake a short case note review across a seven day period, using a nationally agreed excel template based on the 7 day hospitals self-assessment survey.

I would be grateful if you could arrange for appropriate clinical teams in your organisation to complete relevant tabs on the spreadsheet and request that the same clinicians continue to work with the regional team to support delivery as this work develops. If you have any questions or want to know more about the detailed assessment of compliance please contact sue.cottle@nhs.net.

Yours sincerely

A handwritten signature in cursive script that reads "J Howells".

Jennifer Howells
Regional Director South
NHS England

7 Day Service Clinical Standards

10 clinical standards were originally developed by the NHS Services, Seven Days a Week Forum in 2013. Four priority clinical standards were endorsed by the Academy of Medical Royal Colleges as most likely to tackle variation in mortality associated with weekend admission to hospital. Progress will be measured against implementation of these four standards.

- **Standard 2 - First consultant review:** All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.
- **Standard 5 – Timely access to diagnostics:** Hospital inpatients must have scheduled seven-day access to diagnostic services typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:
 - Within 1 hour for critical patients
 - Within 12 hours for urgent patients
 - Within 24 hours for non-urgent patients
- **Standard 6 – Access to consultant directed interventions:** Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols. These interventions would typically be:
 - Critical care
 - Interventional radiology
 - Interventional endoscopy
 - Emergency general surgery
 - Emergency renal replacement therapy
 - Urgent radiotherapy
 - Stroke thrombolysis
 - Percutaneous Coronary Intervention
 - Cardiac pacing (either temporary via internal wire or permanent)
- **Standard 8 - Ongoing review:** All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.